Circle affected area. Designate with an "I" for intraoperative or "P" for postoperative assessment. Describe the area in the comments section.

** SUPINE **

- Occiput
- Arms and elbows
- Lumbar area
- Sacrum and coccyx
- Heels
- Scapulae
- Thoracic vertebrae

Comments: ____________________________

** PRONE **

- Forehead, eyes, ears, chin
- Anterior shoulders
- Genitalia (men)
- Iliac crests
- Genitalia
- Shins
- Tos
- Breasts/chest
- Dorsum of the feet

Comments: ____________________________

** PRONE (JACKKNIFE) **

- Forehead, eyes, ears, chin
- Anterior shoulders
- Genitalia (men)
- Iliac crests
- Dorsum of the feet
- Shins
- Tos
- Breasts/chest

Comments: ____________________________

** LATERAL **

- Arms
- Ankles and feet
- Dependent side of the face and ear
- Dependent shoulder and axilla
- Dependent hip
- Legs
- Dependent knee

Comments: ____________________________

** LITHOTOMY **

- Shoulders and scapulae
- Sacrum and coccyx
- Heels
- Lateral aspect of the legs

Comments: ____________________________

** SITTING **

- Heels
- Scapulae
- Ischial Tuberosities
- Backs of Knees
- Calcaneus

Comments: ____________________________